Case study - Functional Reactivation

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| 1. **Education**   * Diagnose; support to understand diagnosis of CP and why it requires a management approach (rather than pain elimination or further medical interventions). |  |
| 2. A**ddress unhelpful beliefs** **and concerns/fears**   * e.g. being more active is not harmful, hurt does not equal harm, pain flare up does not indicate more damage |  |
| 3.**Redirect focus to function**   * Possible to live a full and meaningful life alongside managing pain * Risks of not maintaining function |  |
| 4. **Identify functional deficits and valued activities**  *Functional deficits:*   * “How is pain affecting your day?” (a picture of their day) - * Self-care – Dressing, sleep, diet, exercise… * Productive activity – work, housework, education, cooking, washing, gardening, shopping, … * Leisure / social / family and friends   *What is important:*   * “What do you want to do / need to do / value / care about the most? * “If your pain was better managed how would your day be different?” “What is most important to you?” * Steer to behaviors: If you ‘felt better’ what would you be do doing more of in the day?” |  |
| 5**. Highlight their ‘why’**  “What would be the benefits to you of gradually returning to those tasks?” |  |
| 6. S**et goals - keep it real**   * Start with targets that are manageable with aim to gradually expand to longer-term goals * Use of tools and outcome measures |  |
| 7. **Educate about managing activity** - PACING   * Concept of pacing * Range of strategies to pace * Benefits of slowing down to achieve more * *It’s not what you do, it’s how you go about it* * Activity patterns – pros and cons * Benefits of aiming for consistency |  |
| 8. **Identify realistic, consistently manageable routines**   * Where are you at now? * What’s missing? * Use of diaries to identify patterns, needs, educate, to plan and review |  |
| 9. **Identify quotas, plan and do**   * Useful for specific tasks or exercises * Find the right starting point your starting point (Quota baseline) * Can achieve on any day (regardless of pain state) * Activity experiments (~5) * Find baseline (start point = average amount less ~20%) * Plan graded progression – ≤ 10-20% * Consistency before progression * Sets expectations * Use of charts and diaries * Begin with one activity and gradually add more as they get the concept * Include use of other pain management skills e.g. mindfulness, breathing etc * Review, problem solve, keep going |  |
| 10. **Validate and Encourage**   * Ask how it’s going, explore barriers and help problem solve * Encourage – flare ups and set backs are normal, try again. * Use flare up plan * Review the key points * Activity management is hard * Requires people to change behaviours and ways they have operated for a long time * Takes time and repetition to make progress * Expect progress may be slower than you want – stick with the plan * Requires patience, perseverance |  |
| **11. Progress is measured by goals and engagement**   * Validate pain experience and reiterate key messages to support that is ok to progress functionally |  |
| **12. Functional Reactivation IS treatment**   * Provide consistent messages that validate pain experience and reassure that the work they are doing is evidence-based treatment * Continue to encourage and guide towards improving capacity to engage in life |  |